



# Item Quantity Pay Note Sheet

Date:

Project Number:  Project Name:

Account:

**Pay Note Information:**

Pay Item #:  Item Description:  Pay Unit:

Item Line #:  Item Type:

Pay Note #:  Pay Period:

**Pay Note Entry:**

Work Start Date:  Work End Date:

Location/Description:

Remarks/Calculations:

Support Documentation/References:

Measured By:

Interim Measurement     Final Measurement

**TOTAL QUANTITY:**

*By signature below, I hereby certify that the measurements and calculations shown above are correct to the best of my knowledge and that the quantity being measured is subject to direct payment for the identified item under contract.*

Contractor Representative (Print):

Date:

Contractor Representative (Signature):

Approved by FHWA Representative (Print):

Date:

Approved by FHWA Representative (Signature):

Checked by FHWA Representative (Signature):

Date: